

Data Transmission System (DTS)

DATE: October 31, 2006

STATUS: ORIGINAL SUBMISSION

Part C, Non-child count data are due November 1, 2006.

Please read the following basic guidelines before completing the Data Transmission System (DTS) forms:

1. To change the size and appearance of the text on the spreadsheet, select VIEW from the toolbar, select ZOOM, and then select the percentage increase or decrease.
2. Enter the appropriate data into the YELLOW shaded areas on each page of the form. Please be sure to read section heading descriptions so data are entered in the correct section. Also, be sure to enter any State and date information. The two-digit State postal code should appear on every page of the form. A list is available on PAGE1. Use the scroll bar or the up or down arrow keys to scroll through the list. Click on the appropriate State postal code to select it.
3. If you choose to cut and paste data from another area, use the PASTE SPECIAL option and select VALUES. This will protect the current formats.
4. Any comments regarding the submitted data should be entered on the last page of the workbook, titled COMMENTS.
5. Save the completed forms. Please be sure that your State postal code appears in the file name. (Example: Maryland - CT205MD.XLS)
6. RED cells indicate computational errors or an error in reporting race/ethnicity. Sum totals for race/ethnicity should not be greater than reported totals. **Please make sure there are NO RED CELLS before saving and submitting data.**
7. Print the entire workbook by selecting, FILE, PRINT and then select ENTIRE WORKBOOK located in the 'PRINT WHAT' section. Send printed copies of the completed DTS forms to the Office of Special Education Programs (OSEP) at the following address:

Alexa Posny, Director
Office of Special Education Programs
U.S. Department of Education
Part C Data Reports
Program Support Services Group
Mail Stop 2600
550 12th Street, S.W.
Washington, D.C. 20202
Attn: Cheryl Broady
8. If you received your file by e-mail, please return electronic copies of completed DTS forms to Shafali Srivastava at Westat.

Daniellecrain@westat.com
Westat
1650 Research Blvd.
RA 1205
Rockville, MD 20850-3159
9. If you have any questions or comments, please contact Danielle Crain at (301)-610-8805.

TABLE 2

REPORT OF PROGRAM SETTING WHERE EARLY INTERVENTION SERVICES
ARE PROVIDED TO INFANTS AND TODDLERS WITH DISABILITIES
AND THEIR FAMILIES IN ACCORDANCE WITH PART C

DECEMBER 1, 2005

STATE: **ND - NORTH DAKOTA**

Section A: Report by Individual Age Year

| AGE GROUP AS OF DECEMBER 1 | | | | |
|--|-------|---------------------------|--------------------------------|--------------------------------|
| PROGRAM SETTING | Total | Birth to 1 (12 Months) | 1 to 2 (>12 and <24 months) | 2 to 3 (>24 and <36 months) |
| TOTAL (ROWS 1-7) | 691 | 125 | 255 | 311 |
| 1. PROGRAM DESIGNED FOR CHILDREN WITH DEVELOPMENTAL DELAY OR DISABILITIES | 0 | 0 | 0 | 0 |
| 2. PROGRAM DESIGNED FOR TYPICALLY DEVELOPING CHILDREN | 37 | 2 | 16 | 19 |
| 3. HOME | 642 | 120 | 235 | 287 |
| 4. HOSPITAL (INPATIENT) | 0 | 0 | 0 | 0 |
| 5. RESIDENTIAL FACILITY | 1 | 0 | 0 | 1 |
| 6. SERVICE PROVIDER LOCATION | 8 | 3 | 2 | 3 |
| 7. OTHER SETTING* | 3 | 0 | 2 | 1 |

* Please list the Other Settings included: Parents Place of employment and Tribal Early Childhood Office

COMPUTED TOTALS 691 125 255 311

CURRENT DATE:

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DECEMBER 1, 2005

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Section B: Report by Race/Ethnicity

| AGE GROUP AS OF DECEMBER 1: BIRTH THROUGH 2 | | | | | | |
|--|-------|--|---------------------------------|-------------------------|----------|-------------------------|
| PROGRAM SETTING | TOTAL | AMERICAN INDIAN OR ALASKA NATIVE | ASIAN OR PACIFIC ISLANDER | BLACK (Not Hispanic) | HISPANIC | WHITE (Not Hispanic) |
| TOTAL (ROWS 1-7) | 691 | 93 | 2 | 12 | 11 | 573 |
| 1. PROGRAM DESIGNED FOR CHILDREN WITH DEVELOPMENTAL DELAY OR DISABILITIES | 0 | 0 | 0 | 0 | 0 | 0 |
| 2. PROGRAM DESIGNED FOR TYPICALLY DEVELOPING CHILDREN | 37 | 7 | 0 | 0 | 0 | 30 |
| 3. HOME | 642 | 85 | 2 | 11 | 11 | 533 |
| 4. HOSPITAL (INPATIENT) | 0 | 0 | 0 | 0 | 0 | 0 |
| 5. RESIDENTIAL FACILITY | 1 | 0 | 0 | 0 | 0 | 1 |
| 6. SERVICE PROVIDER LOCATION | 8 | 0 | 0 | 1 | 0 | 7 |
| 7. OTHER SETTING* | 3 | 1 | 0 | 0 | 0 | 2 |

* Please list the Other Settings included: Parents place of employment and Tribal Early childhood Office

COMPUTED TOTALS 691 93 2 12 11 573

CURRENT DATE:

COMMENTS

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DECEMBER 1, 2005

STATE: ND - NORTH DAKOTA

COMMENTS

[illegible]

CURRENT DATE: